

Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL): Chronic Opioid User Criteria

July 1, 2018

On January 16, 2018 TennCare implemented an edit on agents in the Short-Acting and Long-Acting Narcotics classes of the PDL that applied to all first-time and non-chronic opioid users. **Effective July 1, 2018, TennCare adjusted the maximum allowed morphine milligram equivalents (MME) daily dosage as follows:**

- A member can receive opioid prescription coverage for up to 15 days in a 180-day period at a maximum dosage of **60 MME per day**
 - All first-fill scripts in a 180-day period will be limited to a 5-day quantity of a short-acting opioid at a maximum dose of **60 MME per day** without the need for prior authorization (PA)
 - After the first-fill prescription, a member can receive up to an additional 10-day quantity of opioid treatment at a maximum dose of **60 MME per day** in each 180-day period with prior authorization

Chronic Opioid User Criteria	
Prior Authorization Criteria	PA Form
<p>*Note: Prior Authorization criteria found at the following web link will also remain in effect: https://tenncare.magellanhealth.com/static/docs/Preferred_Drug_List_and_Drug_Criteria/Criteria_PDL.pdf</p>	
<p>PA Criteria for treatment of pain attributed to treatment of active cancer (undergoing active or palliative cancer treatment) or hospice and palliative care: (approval duration: 180 days) Will be approved for recipients who meet the following criteria:</p> <ul style="list-style-type: none"> • Members newly eligible to TennCare, or TennCare became primary within the last 180 days, with established prescription opioid use for greater than 90 days in last 180 days: <ul style="list-style-type: none"> – Prescriber must submit patient records, including but not limited to diagnosis, treatment plan and prescription records. • Diagnosis of active cancer undergoing active or palliative cancer treatment or receiving hospice and palliative care (defined as hospice or end of life care): <ul style="list-style-type: none"> – Signed and faxed physician attestation, including supporting documentation and patient-specific clinical treatment plan, affirming treatment is being sought for active cancer undergoing active or palliative treatment; OR – Signed and faxed physician attestation, including supporting documentation, affirming treatment that patient is receiving hospice and palliative care for a serious and/or life-threatening illness (defined as hospice or end of life care); AND – Diagnosis of moderate-severe pain that: <ul style="list-style-type: none"> • Significantly impairs physical functioning (e.g., ADL's, sleep, work); AND – Prescriber must have checked the Tennessee Controlled Substance Database for patient within the previous 7 days; AND – The prescriber has assessed the member using a Screening, Brief Intervention, And Referral to Treatment (SBIRT) Questionnaire (e.g., SBIRT Survey) (for pts >18 years of age) or using an adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) Questionnaire (e.g., SBIRT CRAFFT Survey) (for pts 11-18 years of age) – Patient is not currently undergoing active treatment for opioid addiction; AND – Female of childbearing age (14-44 years): <ul style="list-style-type: none"> • Is not pregnant; AND • Using contraception (e.g. barrier, oral contraceptive, rhythm method); OR • Has an intrauterine device (IUD) or implant; OR • Has history of hysterectomy, tubal ligation, or endometrial ablation; AND – Pain agreement required for all PA required agents. (NOTE: For patients less than 18 years of age, may be completed by parent or legal guardian). Please refer to the Opioid and Controlled Substance Agreement document located at: https://tenncare.magellanhealth.com/static/docs/Program_Information/Patient_Med_Management_Agreement.pdf; AND – Concomitant use of benzodiazepines and opioids will only be approved under the care of, or referral to, a mental health provider. <p>Note: Use of opioid analgesics during pregnancy has been associated with Neonatal Abstinence Syndrome. Providers MUST counsel women of childbearing age regarding the risks of becoming pregnant while receiving opioids, including the risk of Neonatal Abstinence Syndrome. Providers should offer access to effective contraceptive services when necessary.</p> 	<p>Chronic Opioid PA Form</p>